

ARIZONA STATE RETIREMENT SYSTEM (ASRS) AFFIDAVIT OF MILITARY SERVICE INSTRUCTIONS

Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 TTY (602) 240-5333 Fax (602) 266-4082 www.azasrs.gov

Note: You must be actively contributing to the ASRS or on ASRS Long Term Disability to be eligible to submit a service purchase request.

STEP 1

Complete the affidavit in its entirety using dark ink. Do not use correction fluid or make revisions.

STEP 2

Return the completed affidavit, a copy of your official military service record (i.e. DD214, NGB Form, Point Summary) and evidence of an honorable discharge to the ASRS within 90 calendar days of your service purchase request

Restrictions

- Time worked in the Ready Reserves for which you did not participate in meetings or drills is not eligible for purchase.
- The service listed on the affidavit must be supported by the official military record submitted.
- Only service from which you were honorably separated may be purchased. Evidence of the honorable discharge must be submitted.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not complete this affidavit to purchase military call-up service. Please contact your employer, provide them with a copy of your DD214 and request they complete an ASRS *Military Call-up* form.

Filling Out The Affidavit

SECTION 1 – Member Information

- Fill in your personal Information.
- Enter the branch of military in which you served.
- Select each type of military service (multiple types may be listed on one affidavit).

SECTION 2 – Dates of Military Service

- List service by ASRS fiscal years (July 1 June 30). List each fiscal year on a separate line. Use a 19xx-xx format (ex: 1981-82).
- Place an "x" or "√" for each month worked. You must have worked at least one day or attended at least one drill or assembly in each month.

SECTION 3 – Verification of Honorable Discharge and Service

- Attach an official military service record to the affidavit then place an "x" or "√" by statement A.
- Attach evidence of an honorable discharge to the affidavit then place an "x" or "√" by statement B.

SECTION 4 – Statements of Understanding, Signature, and Notary

- Please carefully read each statement of understanding. Your signature certifies that you have read and understand all of the statements.
- The affidavit must be signed and notarized.

Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at contactus@azasrs.gov, or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



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PLEASE PRINT COMPLETE AND SEND TO:ASRS - Member Services PO Box 33910 Phoenix, AZ 85067-3910 Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-free (800) 621-3778 TTY (602) 240-5333 www.azars.gov

Please print. Do not use correction fluid or alter this form in any way.

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

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SECTION 1 – Member Information														
Social Security Number			Membe	Member Name (Last)				(First)				Middle Initial		
Branch of the Mil	litary						Type of	Military Se	ervice (sel	ect all tha	t apply)			
								☐ Active Duty ☐ Active Reserve Duty						
				(includes National Guard)										
SECTION 2 - Dates of Military Service														
Please list each fiscal year on a separate line.														
Fiscal Year (use 19xx-xx format)	Check each month served.													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
EX: 1989-90			х	х	х	х								
-														
												<u> </u>		
·		1		1	1	1	1	1		1	1			

List additional years on a separate affidavit.



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Social Security Number	Member Name (Last)		(First)		(Middle Initial)				
SECTION 3 – Verification of H	L Honorable Discharge an	d Service							
I have attached both of the	_								
 I have attached proof of honorable discharge for each type of military of the service listed on this affidavit. 									
AND									
B. I have attached an official military service record that supports all service listed on this affidavit (i.e. DD214, NGB Form, Point Summary).									
SECTION 4 – Statements of Understanding, Signature, and Notary									
		of Underst	•						
By my signature below, I certify that I have read and understand the following:									
 I understand that any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a class 6 felony per Arizona Revised Statutes Section 38-793. I understand this transaction is subject to audit and if any errors or misrepresentations are discovered as a result of this audit, my total credited service with the ASRS will be adjusted as necessary and if I am retired, my retirement benefit will also be adjusted. I understand that the service listed on this affidavit does not include time that I either volunteered or was 									
ordered into active military service as part of a Presidential Call-Up. This service is purchased under Presidential Call-up and requires a Presidential Call-Up form to be completed by your employer.									
 I understand that any time I have listed on this affidavit for Reserve or National Guard time reflects the months that I attended one drill or assembly for each month listed. 									
Signature and Notary									
Member Signature				Date					
State of Arizona)						
)						
County of)						
Subscribed and sworn (or affirm	ned) before me this	day of		, 20					
(seal)									
				Notary Pub	 vlic				